



File with: Seattle City Clerk  
 PO BOX 94728  
 Seattle, WA 98124-4728  
 Questions: (206) 684-8500  
 (206) 615-1248  
 polly.grow@seattle.gov

SEEC FORM  
**F-1**  
 (7/18)

SEEC DOLLAR CODE	AMOUNT
(1)	\$0
(2)	\$1,000
(3)	\$5,000
(4)	\$10,000
(5)	\$25,000
(6)	\$100,000
(7)	\$200,000
(8)	\$1,000,000
(9)	\$5,000,000 or more

**PERSONAL  
FINANCIAL  
AFFAIRS  
STATEMENT**

Deadlines: Incumbent elected and appointed officials – by April 15.  
 Candidates and others – within two weeks of becoming a candidate or being newly appointed to a position.

SEND REPORT TO Seattle City Clerk

"immediate family" means (a) a spouse or domestic partner, or (b) a parent, parent of a spouse or domestic partner, child, child of spouse or domestic partner, sibling, uncle, aunt, cousin, niece or nephew, if that person either resides with or is a dependent on the Covered Individual's most recently filed federal income tax return SMC 4 16 080

Last Name	First	Middle Initial	Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or domestic partner.
Murakami	Patricia	A	
Mailing Address (Use PO Box or Work Address) *			Shiro Murakami Friedryk Murakami
5606 Sixth Avenue South			
City	County	Zip + 4	Office Held or Sought Office title: <u>City Councilmember</u>
Seattle	King	98108-2504	
Filing Status (Check only one box.)			Position number 3 Term begins 1/1/2020 ends 12/31/2023
<input type="checkbox"/> An elected or appointed official filing annual report <input type="checkbox"/> Final report as an elected official Term expired _____ <input checked="" type="checkbox"/> Candidate running in an election month <u>Nov</u> year <u>2019</u> <input type="checkbox"/> Newly appointed to an elective office			

FEB 19 2019  
CITY CLERK  
FILED  
14:59:43

**1 INCOME** List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or an immediate family member, received compensation, in any form, of \$2,400 or more during the period. Include stock options received during the reporting period that had a value of more than \$2,400.  
 (Report interest and dividends in Item 3.)

Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
<u>S &amp; SP</u>	IT Support, I.I.C, dba Network Support Group 5606 Sixth Avenue South, Seattle, WA 98108	Computer Analysts	(7 )
<u>D</u>	Tri-Med Ambulance 18821 E. Valley Hwy, Kent, WA 98032	EMT	(4 )
	Check Here <input type="checkbox"/> if continued on attached sheet		( )

**2 REAL ESTATE** List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or an immediate family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use 1-9 Code) ( ) ( )	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received ( ) ( )
Property Purchased or Interest Acquired 5700000755, King	(7 ) ( )	Creditor's Name/Address Bank of America P.O. Box 31785, Tampa, FL 33631 US Bank P.O. Box 1800, St. Paul, MN 55101	Payment Terms (eg 20 yrs at 4.3%) 22 Yrs @ 5.85% 10 Yrs @ Prime = 1%
All Other Property Entirely or Partially Owned 091900042300, Grays Harbor	(5 ) ( )	None	Cash n/a

Check here  if continued on attached sheet

**CONTINUE ON NEXT PAGE**



<b>3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS</b>		List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.		
<p>A. Name and address of each bank or financial institution in which you or an immediate family member had an account over \$24,000 at any time during the report period</p> <p>B. Name and address of each insurance company where you or an immediate family member had a policy with a cash or loan value over \$24,000 during the period.</p> <p>C. Name and address of each company, association, government agency, etc in which you or an immediate family member, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you or your immediate family member had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. Stock shall be reported by market value at the time of reporting.</p>		Type of Account or Description of Asset	Asset Value (Use 1-9 Code)	Income Amount (Use 1-9 Code)
		See Attached	( )	( )
			( )	( )
			( )	( )
			( )	( )
			( )	( )
Check here <input type="checkbox"/> if continued on attached sheet.				
<b>4 CREDITORS</b>		List each creditor you or an immediate family member owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.		
Creditor's Name and Address		Terms of Payment (eg 6 years at 5.25%)	Security Given	AMOUNT (USE 1-9 CODE)
Alaska USA Federal C U, PO Box 196613, Anchorage, AK 99519		4 5 yrs @ 2.85%	Vehicle	original (4)
BECU, PO Box 97050, Seattle, WA 98124 Check here <input type="checkbox"/> if continued on attached sheet		4 5 yrs @ 3%	Vehicle	current (3)
<b>5 NET WORTH</b> Enter your estimated net worth.		Enter Dollar Amount \$ 1,750,000		
<b>6</b> All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate or an appointee to a vacant elective office filing your initial report, no F-1 Supplement is required.				
Incumbent elected officials filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.				
<p>A. At any time during the reporting period were you and/or an immediate family member (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? <u>Y</u> If yes, complete Supplement, Part A.</p> <p>B. Did you and/or an immediate family member have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? <u>Y</u> If yes, complete Supplement, Part A.</p> <p>C. Did you and/or an immediate family member own a business at any time during the reporting period? <u>Y</u> If yes, complete Supplement, Part A.</p> <p>D. Did you and/or an immediate family member prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? <u>N</u> If yes, complete Supplement, Part B.</p> <p>E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, and/or an immediate family member accept a gift of food or beverages costing over \$50 per occasion? _____ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you and/or an immediate family member to travel or to attend a seminar or other training? _____ If yes to either or both questions, complete Supplement, Part C.</p>				
ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.		<p>Contact Telephone: (206) 478-9038 *</p> <p>Email: pat@nsgnt.com (work)*</p> <p>Email: _____ (Home) Optional</p>		
CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge				
December 17, 2018				
Date		Signature		

\*CANDIDATES Do not use public agency addresses or telephone numbers for contact information Report Not Acceptable Without Filer's Signature



NAME	ADDRESS	CITY, STATE, ZIP	VALUE	INCOME
<b>Banks</b>				
U.S. Bank	PO Box 1800	St. Paul, MN 55101	5	1
Alaska USA Federal Credit Union	PO Box 196613	Anchorage, AK 99519	5	1
Sound Credit Union	PO Box 1595	Tacoma, Wa 98401	5	1
<b>Stocks</b>				
3M	3M Center	St. Paul, MN 55144	3	1
AbbVie inc	PO Box 6006	Carol Stream, IL 60197	2	1
Aflac Inc.	1932 Wynnton Road	Columbus, GA 31999	5	1
Ameren	PO Box 66887	St. Louis, MO 63136	2	1
American Funds	PO Box 6007	Indianapolis, IN 46206	4	1
AT&T	PO Box 43078	Providence, RI 02940	4	1
Bemis Company	1110 Centre Pointe Curve, Ste 101	Mendota Heights, MN 55120	3	1
Boeing Company	100 North Riverside	Chicago, IL 60606	5	1
BP PLC	501 Westlake Park Blvd	Houston, TX 77079	3	1
Caleres, Inc.	PO Box 64856	St. Paul, MN 55164	2	1
Chevron	6001 Bollinger Canyon Rd	San Ramon, CA 94583	3	1
CMS Energy	One Energy Plaza	Jackson, MI 49201	3	1
Costco Wholesale	999 Lake Drive	Issaquah, WA 98027	4	1
CVS Health	One CVS Drive	Woonsocket, RI 02895	4	1
Diamondback Energy	500 West Texas Ave, Suite 1200	Midland, TX	4	1
Duke Energy	PO Box 1005	Charlotte, NC 28201	2	1
Ecolab Inc.	370 Wabasha Street North, ECC-17	St. Paul, MN 55102	4	1
Emerson Electric	PO Box 4100	St. Louis, MO 63136	3	1
Energen Corp.	PO Box 30170	College Station, TX 77842	3	1
Essex Property Trust, Inc	250 Royall Street	College Station, TX 77842	3	1
ExxonMobil	PO Box 30170	Canton, MA 02021	2	1
FedEx Corp	942 South Shady Grove Road	College Station, TX 77842	2	1
Fidelity Government Cash Reserves	PO Box 770001	Memphis, TN 38120	2	1
Flowserve	5215 N O'Connor Blvd, Suite 2300	Cincinnati, OH 45277	4	1
General Dynamics	PO Box 43069	Irving, TX	2	1
Intel	2200 Mission College Blvd	Providence, RI 02940	4	1
		Santa Clara, CA	2	1



ITW	PO Box 1342	Brentwood, NY 11717	2	1
Johnson & Johnson	One Johnson & Johnson Plaza	New Brunswick, NJ 08933	3	1
Johnson Controls	PO Box 64874	St. Paul, MN 55164	2	1
Kimberly Clark	PO Box 43078	Providence, RI 02940	2	1
McDonald's	PO Box 43078	Providence, RI 02940	4	1
MGE Energy	PO Box 1231	Madison, WI 53701	3	1
Motorola Solutions	PO Box 64874	St. Paul, MN 55184	2	1
Pfizer	35 East 42nd Street	New York, NY 10017	3	1
Raytheon	870 Winter Street	Waltham, MA 02451	3	1
RPM International, Inc	PO Box 64856	St. Paul, MN 55164	2	1
Target Corporation	1000 Nicollet Mall	Minneapolis, MN 55403	2	1
The Home Depot	PO Box 43078	Providence, RI 02940	4	1
The Procter & Gamble Company	PO Box 64874	St. Paul, MN 55164	4	1
Travelers Company	One Tower Square	Hartford, CT 06183	4	1
TreeFree Biomass Solutions	210 S Hudson St	Seattle, WA 98134	3	1
Tyson	2200 W Don Tyson Parkway	Springdale, AR 72762	2	1
Unilever NV	800 Sylvan Avenue	Englewood Cliffs, NJ 07632	3	1
Vanguard Group	14321 N Northsight Blvd	Scottsdale, AZ 85260	4	1
Verizon Communications	PO Box 43078	Providence, RI 02940	2	1
Walt Disney Company	PO Box 1342	Brentwood, NY 11717	3	1
Wells Fargo	420 Montgomery Street	San Francisco, CA 94014	4	1
Yum Brands inc	PO Box 505000	Louisville, KY 40233	2	1





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SEEC FORM  
**F-1**  
SUPPLEMENT  
(7/18)

**SUPPLEMENT PAGE**  
PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOU AND ANY IMMEDIATE FAMILY MEMBERS

Last Name Murakami	First Patricia	Middle Initial A	DATE December 17, 2019
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**A**

**OFFICE HELD,  
BUSINESS  
INTERESTS:**

Provide the following information if, during the reporting period, you or any immediate family member  
(1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or  
(2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- Legal Name: Report name used on legal documents establishing the entity
- Trade or Operating Name Report name used for business purposes if different from the legal name
- Position or Percent of Ownership The office, title and/or percent of ownership held
- Brief Description of the Business/Organization Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received
- Payments from Business Customers and Other Government Agencies List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity Briefly say what property, goods, services or other consideration was given or performed for the compensation
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met

ENTITY NO. 1

Reporting For Self  Spouse  Combined  
Registered Domestic Partner  Dependent

LEGAL NAME: IT Support, L.L.C

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME Network Support Group

ADDRESS 5606 Sixth Avenue South, Seattle, WA 98108

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION

IT (Computer Hardware & Software) Sales & Support

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

None

\$ 0.00

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE

Agency name.

Purpose of payment (amount not required)

None

\$0.00

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

Purpose of payment (amount not required)

See Attached

For Equipment & Services Rendered

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel)

n/a

Check here  if continued on attached sheet

**CONTINUE PARTS B AND C ON NEXT PAGE**



**Ener-G Foods**

**Fryer Knowles**

**Gascoigne Lumber**

**Northern Investors**

**NW Mechanical**

**Orcas Business Park**

**Savanah Logistics**

**Slayer Espresso**

**Theriac Pharmaceuticals - Cgen**



## F-1 Supplement

Name				
<b>ENTITY NO. 2</b> <span style="float: right;">Reporting For: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Dependent <input type="checkbox"/></span>				
LEGAL NAME: <span style="float: right;">POSITION OR PERCENT OF OWNERSHIP</span>				
TRADE OR OPERATING NAME:				
ADDRESS				
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:				
<b>PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE</b> Purpose of payments <span style="float: right;">Amount (actual dollars)</span> \$				
<b>PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE</b> Agency name: <span style="float: right;">Purpose of payment (amount not required)</span>				
<b>PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE</b> Customer name <span style="float: right;">Purpose of payment (amount not required)</span>				
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000 List street address, assessor parcel number, or legal description and county for each parcel):				
Check here <input type="checkbox"/> if continued on attached sheet				
<b>B LOBBYING:</b> <span style="float: right;">List persons for whom you, or any immediate family member, lobbied or prepared state legislation or state rules, rates, or standards for compensation or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.</span>				
Person to Whom Services Rendered		Description of Legislation, Rules, Etc.		Compensation (Use Code 1- 9)
N/A				( )
				( )
				( )
Check here <input type="checkbox"/> if continued on attached sheet				
<b>C FOOD TRAVEL SEMINARS</b> <span style="float: right;">Complete this section If a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.</span>				
Date Received	Donor's Name, City and State		Brief Description	Actual Dollar Amount (Use Code1-9)
	N/A			\$ ( )
				( )
				( )
Check here <input type="checkbox"/> if continued on attached sheet				



**Information Continued****F-1 Supplement**

Name				
<b>ENTITY NO.</b> Reporting For Self <input type="checkbox"/> Spouse <input type="checkbox"/> <b>LEGAL NAME:</b> Registered Domestic Partner <input type="checkbox"/> Dependent <input type="checkbox"/> <b>TRADE OR OPERATING NAME:</b> POSITION OR PERCENT OF OWNERSHIP <b>ADDRESS</b>				
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION				
<b>PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:</b> Purpose of payments Amount (actual dollars) \$ <b>PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:</b> Agency name Purpose of payment (amount not required) <b>PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE</b> Customer name Purpose of payment (amount not required)				
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000 List street address, assessor parcel number, or legal description and county for each parcel)				
<b>B</b> <b>LOBBYING:</b> (Continued)				
Person to Whom Services Rendered		Description of Legislation, Rules, Etc.	Compensation (Use Code 1-9)	
N/A			( )	
			( )	
			( )	
<b>C</b> <b>FOOD TRAVEL SEMINARS</b> (continued)				
Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code 1-9)
	N/A		\$	( )
				( )
				( )

